

							_					
	in this information to											
Del	btor 1	Julie Sweitz	er			_						
1 -	btor 2 buse, if filing)					_						
Uni	ited States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	١							
Ca	se number17-	11628		_			Chec	k if this is	:			
(If known)								n amend	ed filing			
L										g postpetition Illowing date:		
	fficial Form						N	/MM / DD/ `	YYYY			
S	chedule I: `	Your Inc	ome								12/1	
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	de infor	mati	on abou	t your sp	ouse. If mo	re space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor	2 or non-fil	ing spouse		
	If you have more		Employment status	■ Employed	■ Employed			☐ Employed				
	attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work.		Employment status	☐ Not employed				☐ Not employed				
			Occupation	Community Relations								
			Employer's name	Abilities in Motion								
	Occupation may in or homemaker, if		Employer's address									
			How long employed t	here? 1 mont	h			_				
Pa	rt 2: Give Det	tails About Mor	nthly Income									
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to re	eport for	any	line, write	e \$0 in the	e space. Inc	lude your no	n-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	n for all e	empl	oyers for	that perso	on on the lir	nes below. If	you need	
							For Del	btor 1		otor 2 or ng spouse		
2.			ry, and commissions (b calculate what the month		2.	\$	4	,333.33	\$	N/A		
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	4,3	33.33	\$	N/A		

Deb	tor 1	Julie Sweitzer	_	С	ase number (if kn	own)	17-11	1628	
					For Debtor 1			Debtor 2 or filing spous	e
	Cop	y line 4 here	4.	-	\$ 4,333	.33	\$	N.	/A
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 910	00	\$	N	/A
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		/A
	5c.	Voluntary contributions for retirement plans	5c.		:	.00	\$		/A
	5d.	Required repayments of retirement fund loans	5d.	. :		.00	\$	N.	
	5e.	Insurance	5e.	. :	\$ 0	.00	\$	N.	/A
	5f.	Domestic support obligations	5f.			.00	\$		<u>/A</u>
	5g.	Union dues	5g.			.00	\$		<u>/A</u>
	5h.	Other deductions. Specify:	5h			.00	+ \$	N/	<u>/A</u>
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9			\$		<u>/A</u>
7.	Calc	rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	3,423	.33	\$	N.	<u>/A</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0		¢ 750	00	¢.	N.	/ A
	0h	monthly net income. Interest and dividends	8a. 8b.		\$750 \$0		\$		<u>/A</u>
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent			Φ	.00	Φ	N/	<u>/A</u>
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0	.00	\$	N	/A
	8d.	Unemployment compensation	8d.		·	.00	\$_		/A
	8e.	Social Security	8e.	. :	\$ 194		\$		/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	;	\$ 0	.00	\$	N	/A
	8g.	Pension or retirement income	8g.	. :		.00	\$	N.	/A
	8h.	Other monthly income. Specify:	8h	.+ 3	\$0	.00	+ \$	N.	<u>/A</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	944	.00	\$	ľ	N/A
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$	4,367.33	+ \$		N/A = \$	4,367.33
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	.,001100	-		1471	
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certales						12. \$	4,367.33
									thly income
13.	Do y ■	ou expect an increase or decrease within the year after you file this form No.	?						
	П	Yes. Explain:							